PTC/SB/06 (08-00)
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	PATENT A	PPLICATIO		'''			<b>9</b> 2			
CLADAS AS ELLED , PART I OTHER THAN										
CLAIMS AS FILED - PART I (Column I) (Column 2)						SMAL	L ENTITY	OR	SMALL E	
FOR		NUMB	NUMBER FILED NUMBER		EXTRA	RAT	E FEE		RATE	860
	SIC FEE CFR 1.16(a))						33 S	OR		s
	AL CLAIMS CFR 1.16(c))	5	53 ninus 20 = * 33			x \$	=	OR	x \$ 18 =	594
IND	EPENDENT CLA	AIMS /	13 minus 3 = + 10			х	=	OR	x <b>8</b> 0 =	800
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR L16(4))						+	=	OR	+=	
If the difference in column 1 is less then zero, enter "O" in column 2						тот	AL	OR	TOTAL	2254
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$	_=	OR	x \$=	
	Independent (37 CPR 1.14(b))	•	Minus	***	=	x	. =	OR OR	x	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))					+	_=	OR	+=	
(Column 1) (Column 2) (Column 3)						TOTA ADDIT. FE		OR	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=	× \$	=	OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x	_=	OR OR	x =	
4	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(37 CER 1.16(d))	+	.=	OR	+=	
(Column 1) (Column 2) (Column 3)						TOT ADDIT. F		OR <sub>A</sub>	TOTAL DDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	-	OR	x <b>S</b> =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	=	OR OR	x=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR ).16(d))					+	=	OR	+=	
• 10	the entry in colu-	nn l is less than the	entry in colu-	un 2 sprite "O" in color	nn 3	TOT		OR	TOTAL DDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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